| Form approved for use through 8/31/01 — OMB No. 0925-00 | | | | |
|---|---|---|--|--|
| Department of Health and Human Services — Public Health Service | 4. Description of Research/Teaching duties, average number of hours per week and source of salary support. If PHS grant(s), please provide the grant(s) reference number(s). | | | |
| National Research Service Award | | | | |
| Annual Payback Activities Certification | | | | |
| Amidai i dybaok Addivides derandadon | - | | | |
| PLEASE TYPE. See instructions in transmittal letter. Please complete required Sections. Copy for your files. Note Privacy Act information. | | | | |
| Section I — Payback Status (Check applicable block[s]) | | | | |
| | Section III — Employment Information | | | |
| 1. Have not engaged in payback service during reporting period. (Complete Section IV.) | NAME AND ADDRESS OF EMPLOYING ORGANIZATION | | | |
| 2. Have elected to engage in financial payback. (Complete Section IV.) | | | | |
| 3. Request an extension of the two-year period to initiate payback service or a break in service. (Specify need and length of extension under Section II, Item 4; complete Section IV.) | | | | |
| 4. Have been engaged in continuous payback service during reporting period. (Complete Sections II, III, and IV.) | | | | |
| | VERIFICATION OF SUPERVISOR. If self-employed, provide notarized statement that employment information reported is accurate. | | | |
| Section II — Payback Service Description 1. Number of months | NAME OF SUPERVISOR | TITLE | | |
| engaged in payback | NAME OF SUPERVISOR | IIILE | | |
| during reporting period: Dates | SIGNATURE | | DATE | |
| 2. Position Title: | SIGNATURE | | DATE | |
| 3. Payback Service | Section IV — Certification of NRSA Recipient | | | |
| Full-time position with biomedical or behavioral health-related research and/or health-related teaching as primary activity. Other position(s) where biomedical or behavioral health-related research and/or health-related teaching averages more than 20 hours per week of a full work year. | I certify that all of the above statements are true, complete, and correct to the best of my knowledge. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.) | | | |
| | | | DATE | |
| c. Alternate Payback (see instruction). Date authorized by DHHS. | | | | |
| Type of Service: | SOCIAL SECURITY NO. | DAYTIME TELEPHONI | E NO. | |
| | Section V — Acceptance by PHS Official | ial (leave blank) | | |
| | NAME AND TITLE OF PHS OFFICIAL | Extension date payback service to begin or resume | Number of months of acceptable service this reporting period | |
| | SIGNATURE | | DATE | |
| | NAME AND ADDRESS (Please correct if address has changed.) | | | |
| | | | | |
| PHS 6031-1 (Rev. 12/98) | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE National Institutes of Health Bethesda, MD 20892

PHS estimates that it will take 20 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send comments to NIH Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, Attention PRA (0925-0002). **DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.**

TO: Former PHS National Research Service Awardees

Payback Requirements

Under Section 487 of the Public Health Service (PHS) Act as amended (42 USC 288), all individuals other than prebaccalaureate students who received a National Research Service Award (NRSA) prior to June 10, 1993, must engage in biomedical or behavioral health-related research and/or health-related teaching for a period equal to the period of NRSA support in excess of 12 months.*

For NRSA recipients who began appointments to training grants or activated fellowship awards on or after June 10, 1993, only the *first twelve months of postdoctoral* support will incur a service payback obligation. Such individuals may satisfy that obligation by engaging in an equal period of health-related research or health-related teaching or by receiving an equal period of NRSA supported postdoctoral research training. NRSA postdoctoral support beyond the initial 12 months may also be used to satisfy a postdoctoral service obligation incurred for awards which began before June 10, 1993.

By regulation (42 CFR Part 66), this service or authorized alternative service must be initiated within two years after termination of NRSA support. If payback service is not started within the two-year period, financial payback will become due unless an extension of the period for undertaking payback or a waiver request has been approved by the PHS.

Annual Payback Activities Certification, Form PHS 6031-1

The enclosed Annual Payback Activities Certification (APAC) form is the basic communication between former NRSA recipients and the PHS. Regardless of the nature of your present activities, complete and return the form. Do not hesitate to provide supplemental information or request clarification of your obligation from the PHS institute that supported your training.

Special Instructions for APAC

Follow the instructions on the APAC form together with these instructions. *PLEASE TYPE.* If you need more than one form to cover the reporting period, duplicate the form and clearly label them at the top "#1 of 2 certifications," etc.

Section I

Item I. Not Engaged: If this APAC covers the *first year* after the termination of your NRSA support and you are not electing financial payback or requesting an extension of the 2 year period within which to initiate payback, sign and return the form; no further information is required. If the APAC covers the *second year* after the termination of your

NRSA support, financial payback will be due 24 months after the termination date unless a request for an extension of the payback initiation period or a payback waiver is submitted and approved.

Item 2. Financial Payback: Those electing financial payback will be contacted by the PHS with appropriate instructions.

Item 3. Extension: Reasons for an extension or break in service include such things as physicians completing residency training, graduate students completing degree requirements, temporary disability and substantial hardship.

Item 4. Payback Service: This item includes both regular payback service (research and/or teaching) and authorized alternative service.

Section II

Item 3c. Alternative Service: Alternative Service is available only for those whose NRSA support was received in whole or in part before August 13, 1981. Approval to engage in one of the permissible types of alternative service must have been authorized by the Department of Health and Human Services.

Item 4. Description of Duties: The description of regular or alternative service should include sufficient information to serve as the basis for determination of acceptability. It should include: (1) the specific activities (research, teaching, health administration, etc.); (2) the average number of hours per week in each activity; (3) the source(s) of salary supporting the activities; and (4) the dates covered by each activity, if different from those in Section II, item 1.

Section III

This section must be completed and signed by the supervisor(s) of record for any regular or alternative service identified.

DEPARTMENT OF HEALTH & HUMAN SERVICES



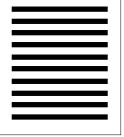
Official Business Penalty for Private Use \$300

BUSINESS REPLY LABEL

FIRST-CLASS MAIL PERMIT NO. 99106 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

National Institutes of Health, PHS, DHHS NRSA Processing Office Division of Research Grants 6701 ROCKLEDGE DRIVE MSC 7715 BETHESDA MARYLAND 20814-9692 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



Section IV

For those engaged in payback service, the APAC should be signed on or after the end date reported in Section II, item 1. The PHS requests the Social Security Number for accurate identification, referral, and review of applications and for efficient management of PHS grant programs. No individual will be denied any rights, benefits, or privileges provided by law because of refusal to disclose his or her Social Security Number. Failure to provide it may seriously diminish PHS's ability to credit the payback account of a fellow. The PHS is authorized to collect this information under Section 487 of the Public Health Service Act.

Preprinted Information

Address: Until your payback obligation is completed, report immediately any change in address to the NRSA Processing Office.

Reporting Period: Report only those activities occurring within the period shown on the form. The APAC form is forwarded annually by the PHS until the payback obligation is complete.

Record of Payback Obligation: The legislative allowance, when applicable, reflects the individual's initial 12 months of support under the NRSA funding authority which on appointments or fellowship awards started prior to June 10, 1993, was not subject to payback.* Regular or alternative service credited is obtained from previous APAC reports.

Mailing

Use the above attached label to return the completed APAC(s) with the necessary signatures, and one copy of any attachment(s), no later than 30 days after the reporting period end date.

When the payback service or extension request is approved by PHS, a copy of the APAC will be returned to you.

PHS 6031-1 (Rev. 12/98) (Instructions)

^{*}Individuals in delinquent payback status prior to August 13, 1981, have a payback obligation for the total amount of time of NRSA support.

Privacy Act Statement

The Public Health Service requests this information pursuant to statutory authorities contained in Sections 405(a) and 487 of the Public Health Service Act, as amended (42 USC 284(b)(1)C and 288), and other statutory authorities (42 USC 242(a), 280(b)(4), and 29 USC 670). The information collected will assist in activating the award and facilitate postaward management and evaluation of PHS programs. Although providing the information is voluntary, an individual may not receive support from the grant until the form is submitted. The social security number is requested to provide a reliable identifier that will assist in establishing an accurate and complete record for each individual. It is particularly useful in maintaining effective communication with those individuals who have incurred payback obligations through their participation in the National Research Service Award program. Failure to provide the social security number may seriously diminish PHS's capability to credit the account of the proper trainee who is fulfilling the payback requirement by either acceptable service and/or monetary repayment. Failure to provide the Social Security number will not be a basis for withholding benefits.

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, "Extramural Awards: Research, Research Training, Fellowship, and Construction Applications and Awards." The Privacy Act of 1974 (5 USC 522a) allows disclosures for "routine uses" and permissible disclosures.

Some routine uses may be:

- 1. To the cognizant audit agency for auditing.
- To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
- To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
- 4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;

- 5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
- 6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
- 7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
 - a. the DHHS, or any component thereof;
 - b. any DHHS employee in his or her official capacity;
 - any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
 - d. the United States or any agency thereof, where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
- A record may also be disclosed for a research purpose, when the DHHS:
 - has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
 - b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
 - has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions; and

- d. has required the recipient to:
 - (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
 - (2) remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
 - (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974 (5 USC 552) and the associated DHHS regulations (45 CFR Part 5).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service National Institutes of Health 6701 ROCKLEDGE DRIVE MSC 7715 BETHESDA MARYLAND 20892-7715

Official Business Penalty for Private Use \$300

| | Department of Health and Human Services — Public Health Service | 4. Description of Research/Teaching duties, average number of hours per week and source of salary support. If PHS grant(s), please provide the grant(s) reference number(s). | | |
|--------------------------------------|---|---|---|--|
| | National Research Service Award Annual Payback Activities Certification | | | |
| | PLEASE TYPE. See instructions in transmittal letter. Please complete required Sections. Copy for your files. Note Privacy Act information. | | | |
| Se | ction I — Payback Status (Check applicable block[s]) | | | |
| | | Section III — Employment Information | | |
| 1. | 3 4, 1 3, 3, 1 4, 1 4, 1 4, 1 4, 1 4, 1 | NAME AND ADDRESS OF EMPLOYING ORGANIZATION | | |
| 2. | Have elected to engage in financial payback. (Complete Section IV.) | | | |
| 3. | Request an extension of the two-year period to initiate payback service or a break in service. (Specify need and length of extension under Section II, Item 4; complete Section IV.) | | | |
| 4. | | | | |
| (Complete Sections II, III, and IV.) | | VERIFICATION OF SUPERVISOR. If self-employed, provide notarized statement that employment | | |
| | ction II — Payback Service Description | information reported is accurate. | | |
| 1. | Number of months engaged in payback during reporting period: Dates | NAME OF SUPERVISOR | TITLE | |
| | Position Title: | SIGNATURE | | DATE |
| 3. | Payback Service | Section IV — Certification of NRSA Recipient | | |
| | a. Full-time position with biomedical or behavioral health-related research and/or health-related teaching as primary activity. b. Other position(s) where biomedical or behavioral health-related research and/or | I certify that all of the above statements are true, complete, and correct to the best of my knowledge. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.) | | |
| | health-related teaching averages more than 20 hours per week of a full work year. c. Alternate Payback (see instruction). Date authorized by DHHS. | SIGNATURE | | DATE |
| | Type of Service: | SOCIAL SECURITY NO. | DAYTIME TELEPHONE | NO. |
| | | Section V — Acceptance by PHS Official (leave blank) | | |
| | | NAME AND TITLE OF PHS OFFICIAL | Extension date payback service to begin or resume | Number of months of acceptable service this reporting period |
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